

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-375)

SERIAL NO.  
**1031818**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		1		1
5	1		1		1	
6	1		1		1	
7	1		1		1	
8	1		1		1	
9		1		1		1
10		1		1		1
11		1		1		1
12	1		1		1	
13		5		1		1
14		5		1		1
15		5		1		1
16		5		1		1
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TOTAL IND.	1		1		1	
TOTAL DEP.		14		7		1
TOTAL CLAIMS		15		7		1

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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